

# South Carolina Department of Disabilities & Special Needs

## FY22 Residential Services Licensing Prep List

All SLP II, CTH I, CTH II, and Residential Respite Settings will be licensed annually.

Providers must have required documentation available to the licensing reviewer at the time of the visit to the home, available in Therap, or uploaded to the Alliant portal within the required timeframes. Alliant staff will have access to Therap, so providers will not need to transfer any information stored there. If your agency has an “index” to assist reviewers with the location of specific information in Therap, that index should be provided.

As a general guide, residential service providers will need to ensure the following documentation is available to the Alliant Review staff at the time of the Licensing Review:

- ☐ Fire Marshal Inspection (include evidence of correction if violations were noted)
- ☐ Electrical Inspection (if renovations have taken place)
- ☐ HVAC Inspection (if renovations have taken place)
- ☐ DHEC water quality inspection (if the home has well water)
- ☐ Fire Marshal Health and Sanitation Inspection (if home is licensed for persons under age 21)
- ☐ Approved DDSN Request for Exception if any firearms are present in the home
- ☐ Current vaccination certificates for pets onsite
- ☐ Signed statement of Financial Rights (to include a fee schedule and quarterly monitoring)
- ☐ Signed statement of Residential Rights (for new admissions to the home within the prior twelve months)
- ☐ Evidence to support residents have received training on abuse and how and to whom to report
- ☐ Lease agreement for each individual resident
- ☐ If each person does not have a key, a Key assessment for each individual resident will be required (for bedroom and front door - with only appropriate staff having keys to doors)
- ☐ Assessment for access to cleaning supplies, if access is restricted
- ☐ Evidence to support choice of healthcare provider, the person is informed of medical appointments and purpose, and side effects of medications have been explained to the person
- ☐ A physical health exam with follow-up, as recommended by the physician
- ☐ For acute health care needs – include evidence that follow up appointments and treatments were provided within 24 hours
- ☐ Evidence of Dental exam
- ☐ Documentation of the person’s participation in meal planning, grocery shopping, and meal preparation
- ☐ Swallowing Disorders Checklist
- ☐ Swallowing Disorders Follow-Up Assessment, as required
- ☐ Provider follow-up and the Swallowing Disorders consultation summary
- ☐ Medication Control sheets (current and past 3 calendar months – for all controlled medications)
- ☐ Controlled Medication End of Shift Review Logs (current and past 3 calendar months – for all controlled medications)
- ☐ Policy regarding the disposition of medications
- ☐ For SLP II, if each person’s medication is not stored in their apartment, there should be documentation as to why this would present a health and safety issue
- ☐ Medication Self-Administration assessment (if individual self-administers medications)
- ☐ Medication Administration Record (MARs – current and previous 3 calendar months)
- ☐ Documentation of any restraints that occurred in the past 12 months (if no restraints occurred, please provide a signed statement that none occurred)
- ☐ Evidence to indicate the Intensive Behavior Intervention provider and Human Rights Committee were informed of the use of any restraints

*Additional information may be requested at the time of review.*

*Please refer to the DDSN Licensing Review Tools for specific indicators and references to source documents.*

[www.ddsn.sc.gov](http://www.ddsn.sc.gov) > Contacts > Quality Management > Licensing

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